

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 BLACKFORD CO HEALTH DEPT 506 E. VAN CLEVE HARTFORD CITY, IN 47348 (765) 348-4317

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Establishment Name DELA BREW / VICTORIAS VINGYARD Establishment Address (number and street, city, state, ZIP code) 1000 W WASHINGTON ST. HARTFORD CHY			Telephone Number 765-347	Date of Inspe (mm/dd/yr) 3-27-	
Owner GORDON JACKSON Owner's Address 426 5. Willman RD HARTFORD CON			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date 4-6-25 Summary of Violations:	
Person in Charge GORDON JACKSON Responsible Person's E-mail NIA Certified Food Handler				C NC Z R	
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